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CONFIRMATION NO. 5218

<b>SERIAL NUMBER</b> 10/716,333	<b>FILING OR 371(c) DATE</b> 11/18/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> WORLD-01004US3
<b>APPLICANTS</b> Richard A. Terwilliger, Southbury, CT; Gary A. Lamoureux, Woodbury, CT;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/132,930 04/26/2002 PAT 6,786,858 which claims benefit of 60/336,329 11/02/2001 and claims benefit of 60/360,260 02/26/2002				
<b>** FOREIGN APPLICATIONS *****</b> <i>nd</i>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 3
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 23910				
<b>TITLE</b> Delivery for interstitial radiotherapy using hollow seeds				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	